

DOCUMENT RESUME

ED 298 686

EC 210 619

AUTHOR Goodman, Carol R.
TITLE Helping Families Cope.
PUB DATE Feb 88
NOTE 14p.; Paper presented at the International Conference of the Association for Children and Adults with Learning Disabilities (Las Vegas, NV, February 24-27, 1988).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141) -- Viewpoints (120)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Rearing; Communication Skills; *Coping; Family Characteristics; *Family Problems; *Learning Disabilities; *Parent Attitudes; Performance Factors; Residential Programs; Siblings; Success; Transitional Programs; Young Adults

ABSTRACT

The paper presents observations of families having adult members with learning disabilities and describes a residential program to facilitate the transition to independent living of lower functioning learning disabled young adults. The program, called Independence Center, involves placing participants in apartments with roommates and helping them learn how to cook, clean, market, budget, improve social skills, and find and keep a job. Observation of the participant success rate suggested that each individual with an unfavorable outcome had come from a dysfunctional family. A brief review of family systems theory follows. Common family problems observed included detached or very devoted siblings, parental ambivalence, lack of acceptance of the disability, communication difficulties, overprotectiveness, family tendency toward rigidity, and inability to resolve conflicts. More functional families who successfully "let go" of the learning disabled young adult are characterized by such behaviors as teaching independence skills, setting consistent limits, setting reasonable expectations, and demonstrating good communication skills. (DB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED298686

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

HELPING FAMILIES COPE

Carol R. Goodman, M.A.
Director
INDEPENDENCE CENTER
Los Angeles, CA

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Carol R.
Goodman

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

EC 210619

HELPING FAMILIES COPE

Carol R. Goodman, M.A.
Director, INDEPENDENCE CENTER
Los Angeles, CA

I have come to this conference to share with you my observations of families with adult members with learning disabilities. I believe that this work has implications for teachers, parents, and therapists. I will share with you how these observations can be utilized with whatever age group you are involved in.

I have spent the past 10 years working professionally with young adults with learning disabilities. My work has afforded me the opportunity to see well over 50 families as they function on a daily basis.

I was the co-founder and co-director of JESPY House in South Orange, NJ for 8 years and am now the founding director of INDEPENDENCE CENTER in Los Angeles, Ca. This is a continuation of the work my husband and I began in New Jersey. Both programs are dedicated to facilitating the independent functioning of young adults with learning disabilities. I am also the mother of 3 children, the oldest of whom has specific learning disabilities. I share your concerns about the long-range adjustment of these young people, both as a professional and as a mother.

I will tell you about the program, so that you will understand the context in which these observations have been made. I will then share with you some information about family systems, and then take a look at what seems to make a difference in the success or failure of these young people with whom I have worked, from the

-2-

perspective of the family. There will be time for questions at the end.

THE PROGRAM

INDEPENDENCE CENTER is a residential program which helps facilitate the transition to independent living. The young adults range in age from 18 through 30, both men and women, and they are young adults with diagnosed learning disabilities. They are in the lower functioning end of that spectrum; these are the young people who fall in the 'cracks'. The young adults tend to graduate from high school ill-equipped for the real world, and for jobs and they need further training to learn to live independently.

The program involves placing the young adults in apartments with roommates, and giving them the opportunity to learn how to cook, clean, market, budget, improve social skills, and find and keep a job. Once they are able to reach a level of competency in all areas and work full time, they move out on their own. INDEPENDENCE CENTER has no formal classes, but focuses instead on a 'hands-on' approach. All skills are taught by doing them, with supervision. The young adults find, usually for the very first time, that they are capable and competent in these basic skills - and also have a built-in peer group. Both of these are powerful factors in helping move along their emotional development.

By virtue of the fact that the program is residential, and focuses on independence, the staff is very much involved in family functioning. Visits, phone calls, all family interactions reflect

-3-

the degree to which the family is able to 'let go'. Facilitating that process is very much a part of what we do.

THE POPULATION

The population served is that segment of the learning disabled which fall within the low-average to slightly below average in intelligence. They may have perceptual impairment, tend to have 'soft' neurological signs, and have other problems (i.e. emotional, social, coordination, etc.). They are 18 to 30 years old and have completed high school.

The best descriptions are behavioral. Kronick (1976) characterized the person with such difficulties in the following manner: they tend to be rigid, disorganized, impulsive, demanding, unaware of their impact on others, distractible, lack commitment to anyone or anything, and are inappropriate in how they handle feelings.

This group has generally been segregated in special education class (i.e. self-contained) or in special private schools rather than being mainstreamed. They are generally not the college-bound group of the learning disabled. They are less able to maximize their capabilities in the way that their higher functioning colleagues have done. And because the schools provide services only until their 22nd birthday, the end of high school is usually premature. Most young people seem to "graduate" at the age of 18 or 19 - and they are truly not ready for the 'real world'.

Perhaps this reflects the thinking of the earlier days of the field of learning disabilities when it was thought that learning disabilities are outgrown. As Dr. Betty Osman (1986)

-4-

points out, children with learning disabilities are growing up to become adolescents and adults with learning disabilities.

For the purposes of this presentation, another interesting aspect of the population relates to their families. They tend to come from families which are over-protective. As the initial program became operational, it became clear to us that some of the clients were unable to benefit from the program. And, several years later, a pattern emerged: each of these young adults who had an unfavorable outcome from the program (i.e. premature dismissal), had come from a dysfunctional family who seemed to need the special member at home.

FAMILY SYSTEMS

A brief summary of family systems theory will help put this observation into perspective.

Family therapy has its roots in general systems theory. The family is seen as a system, in which the whole family is more than the sum of its parts and in which change in one member affects every other family member. The family system can be thought of as if the family were all lying on a waterbed, wherein any slight movement of one person ripples through the entire surface and causes all to move.

Family systems communicate through verbal as well as non-verbal means. There are rules which organize family interactions, and families have homeostatic mechanisms which resist change.

Bowen (1978) calls a triangle the basic building block of a family system. A 2-person relationship is unstable and seeks a third for stability. Triangles are commonly found in these families,

-5-

and they tend to consist of the 2 parents and the child with the learning disability. Bowen describes these parental relationships as an "emotional divorce".

Minuchin contributes to our understanding of family structure. He talks about subsystems, boundaries, and affiliations. The family structure is "...the invisible set of functional demands that organizes the ways in which family members interact" (Minuchin, 1974). This is illustrated by the parental subsystem - or the sibling subsystem. Each subsystem has boundaries, and these are useful diagnostically for the therapist. A parental subsystem, for example, with inappropriate boundaries, can be found in a family in which the parents are unable to be disciplinarians. It may manifest itself in children who are out of control.

Dr. Minuchin described a continuum of boundaries, from disengaged (inappropriately rigid boundaries) to enmeshed (diffuse boundaries). Most of the families which have difficulty 'letting go' are those which are enmeshed - or too close.

TYPICAL FAMILIES

It seems to me that it is very important for all professionals working with this population to broaden their view from the individual to the family. In my own work, it helped me to understand the 'failures' and to try to intervene in ways that could possibly prevent the premature dismissal of the client. It would change the outcome for some of the special education clients as well if the schools could change their view - and serve the needs of the child

-6-

and the family. In one of the books Dr. Minuchin wrote, he referred to a psychosomatic family (a concept, as opposed to a psychosomatic person). It seems just as appropriate to label these families as learning disabled families.

Doreen Kronich (1976), a well-known author on learning disabilities, published a study of families. There were three families with young children with whom she spent considerable time observing their functioning. She cited three characteristics, which this author finds as well:

- 1) Lack of acceptance of the disability
- 2) Ambivalence of parents toward the child
- 3) Communication difficulties

Learning disabilities being the 'hidden handicap', these children look normal, and they may have normal intelligence. Thus, it is somewhat understandable that parents would have difficulty accepting the disability. Moreover, descriptions of its origins in the nervous system seem difficult to grasp. What Kronich targets, however, is a defense mechanism known as denial. Denial of the disability causes parents to constantly seek out a cure, or set unrealistic career standards for their learning disabled children.

Secondly, parents do tend to be ambivalent about their children/ They are angry and disappointed at having a non-intact child, and display both guilt and blaming behaviors. Some parents are inconsistently authoritarian, others overly permissive. The net result is an ambivalent adults who has no self-discipline.

Thirdly, communication difficulties are common among this

-7-

group. Learning disabilities being language processing deficits, then you know the effect that communication problems must have on a growing child. Additionally, if the learning disability is genetic, then perhaps the parent with the same difficulty are attempting to raise children - and that would be very hard for them. As adults, these young people have difficulty describing, relating, conversing, and need to be taught how to communicate clearly.

I would add a few other observations:

First, siblings in these families tend to be either detached (perhaps their effort to escape enmeshment) or are exceedingly devoted. Many special education teachers report having had such a 'special' sibling.

Several years ago at the convention for the Association for Children and Adults with Learning Disabilities, a panel of learning disabled adult's siblings were convened. For many on the panel, it was the first time they had discussed this issue in public. The accounts of their childhood were emotional, and to me, very interesting. Common emotions were anger, embarrassment, pain, and guilt. These normal siblings remember picking on their disabled sibling - and then defending them to the world. Although each articulated their sense that this special sibling has enhanced their sensitivity to others, they also all expressed their wish that it could have been different. Clearly, this special member has had a tremendous impact on their lives.

Secondly, many of these families who had difficulty in letting go, were enmeshed. Their excessive togetherness and lack of privacy made it difficult for these young adults to break away.

-8-

And, because the parents do not always agree on how to discipline when they are younger, they tend not to be self-disciplined as adults. In addition, they seek out the same kind of intensity in non-familial relationships. A young man from such a family would ask inappropriately personal questions of a stranger on the bus. A young lady could not sleep alone in her bedroom, as she always had the family pet in with her.

A third observation is the overprotectiveness that is so common in these families. There is an over-concern with the welfare of the young person, so much so that their sense of autonomy, competence, and sociability outside of the home are jeopardized. For these young adults with developmental lags, such an environment serves to increase the lag. A young woman had never ridden in the front seat of her car, which was a major disadvantage when she attempted to learn how to drive. Her anxiety level related to just sitting in the forbidden place contributed to the kind of anxiety everyone feels when learning to drive. The overprotectiveness extends to a hypersensitivity to distress, with parents moving in quickly to "rescue". Adults who were raised in this manner are usually unable to tolerate any kind of stress, pressure, or responsibility for self.

A fourth observation this author has made is the quality of rigidity which these families display. They are heavily committed to the status quo, and display rigidity in the face of pressure to change.

A fifth observation is their inability to resolve conflicts. Issues which threaten to cause change are never brought to the surface. Families may deny their problem ("we don't need help") and maintain they do not need to change. The author has observed many families who state their desire to help their young adult become independent, yet who will call on a daily basis to check up on them ("What did you eat for dinner?"). Parents who have disagreed on what services their child needs, what schools they have attended, will blame each other for choices which seem wrong.

Conflicts between spouses are detoured through the child with learning disabilities. He or she becomes the focus of the arguments, being made in his or her "best interest". Moreover,

the conflicting diagnoses of professionals they see and the effort it takes to find the right school setting enhance all these underlying stresses. It is interesting to see how many of these young adults come to the program with files that are thick with evaluations from dozens of schools and professionals.

For the parents of these young adults, letting go is exceedingly difficult. Their tasks include: accepting the fact that their young person leaves the home; redefining their marital relationship; developing adult-adult relationships with their young adult; dealing with their own increasing age. In the families seen in this program, these tasks of 'launching' a special child seem even more difficult. In those families where one parent (usually the mother, but occasionally one sees the father in the same capacity) has been so devoted to the special youngster, professional intervention may be needed.

This is an overview of those families who have had difficulty in letting go. Professionals working with such families need to extend their frame of reference from the child to include the entire family system. While remediation of the learning disability is important, helping the whole family must be given an equally important place. Without such intervention, dysfunction in the family results in dysfunction in the young adult.

Parents who learn more about learning disabilities, and their role in helping their youngster become a competent adult will provide a more positive growing environment.

For those parents who seem better able to 'let go', we can learn. The following is a list of some of the qualities of those more functional families, for whom the 'launching' process was successful:

- 1) These parents recognized that their job is to prepare

-10-

the child to live his/her life. They expressed their conviction that they were mortal, and needed to leave behind a competent child.

- 2) These parents taught their children to care for themselves, at age-appropriate levels. Making their own lunch, bed, doing chores, getting a job, learning to drive - always striving for independence.
- 3) Parents who set consistent limits. The disorganized nervous system of the learning disabled child requires even more structure than most children. Discipline in these children resulted in self-disciplined adults.
- 4) Parents who set reasonable expectations had young adults who reached for appropriate goals. Parents who expected unrealistically high or low achievements seem to yield children who do the same.
- 5) Families which accepted the child as he/she is - and accepted the disability. Those young adults who grew up in this way could enter the work world, for example explaining to their employer how their learning difficulty interferes and ask for assistance or accommodations.
- 6) Families which made the best use of the available resources, including schools, social activities, and other avenues were better able to help their young person reach his/her potential.
- 7) Parents who had a commitment to helping their child, and a good working relationship with each other (even those who were divorced) worked to benefit the child.
- 8) Those families with good communication skills were better able to solve problems, thus teaching problem-solving skills to their children.

In conclusion, it is clear that there is much to be learned both for the parent and the professional, when the context is shifted from the individual to the family system.

REFERENCES

- Bowen, Murray (1978). Family therapy in clinical practice. New York: Jason A. Aronson.
- Carter, Elizabeth & McGoldrick, Monica (Eds.). (1980). The Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press.
- Foley, Vincent D. (1974). An Introduction to Family Therapy. New York: Grune & Stratton.
- Haley, Jay (1980). Leaving Home: The Therapy of Disturbed Young People. New York: McGraw-Hill Book Company.
- Haley, Jay. (1976). Problem-Solving Therapy. New York: Harper Colophon Books.
- Kronick, Doreen (1976). Three Families: The Effect of Family Dynamics on Social & Conceptual Learning. San Rafael, CA: Academic Therapy Publications.
- McCarthy, James J. and McCarthy, Joan F. (1969) Learning Disabilities. Boston: Allyn & Bacon, Inc.
- Minuchin, Salvador (1974). Families and Family Therapy. Cambridge: Harvard University Press.
- Minuchin, Salvador, Rosman, Bernice L. and Baker, Lester. (1978). Psychosomatic Families: Anorexia Nervosa in Context. Cambridge: Harvard University Press.
- Osman, Betty B. (1979) Learning Disabilities: A Family Affair. New York: Random House.
- Walsh, Fromma. (Ed.). (1982). Normal Family Processes. New York: The Guilford Press.

HELPING FAMILIES COPE

Carol R. Goodman, M.A.
Director
INDEPENDENCE CENTER
Los Angeles, CA